

VIOLENCE, VANDALISM, AND SUBSTANCE ABUSE INCIDENT REPORT FORM

2001-2002

INCIDENT INFORMATION

INCIDENT HEADER (One incident record only for all offenders and victims)

System-Assigned

Incident Number _____

School Name: _____

Location: _____ Cafeteria _____ Classroom _____ Corridor _____ Other inside school _____ School grounds _____ Bus _____ Building exterior _____ District office _____
_____ Other outside _____ Receiving School

Date of Incident: _____ Time of Incident: _____

Bias incident: _____ Yes _____ No Police notification: _____ None _____ Police notified, complaint filed _____ Police notified, no complaint filed

Contact Name: _____ Contact Phone # _____

INCIDENT DETAIL

Check the items which describe the incident and, if applicable, the type of weapon, bomb or substance.

VIOLENCE VANDALISM SUBSTANCE ABUSE SUBSTANCE ABUSE

- _____ Simple Assault
- _____ Aggravated Assault
- _____ Fight
- _____ Gang Fight
- _____ Robbery
- _____ Extortion
- _____ Sex Offense
- _____ Threat

- _____ Arson
- _____ Burglary
- _____ Damage to Property
- _____ Fireworks Offense
- _____ Theft
- _____ Trespassing

Cost to LEA: \$ _____

- _____ Use
- _____ Possession
- _____ Distribution

- _____ Alcohol
- _____ Marijuana
- _____ Amphetamines
- _____ Club/Rave drug
- _____ Cocaine
- _____ Hallucinogens (e.g. LSD, PCP)
- _____ Narcotics (e.g. heroin, morphine)
- _____ Depressants (e.g. barbiturates, tranquilizers)
- _____ Anabolic steroids
- _____ Unauthorized prescription drugs
- _____ Inhalants
- _____ Drug paraphernalia

WEAPONS

BOMB TYPE OFFENSE FIREARM TYPE OTHER WEAPON TYPE

- _____ Explosive device (detonated)
- _____ Explosive device (not detonated, but possible)
- _____ Fake bomb (detonation not possible)
- _____ Bomb threat (no bomb found)

- _____ Possession of Firearm
- _____ Assault with a Firearm
- _____ Sale or Transfer of Firearm
- _____ Assault with Other Weapon
- _____ Possession of Other Weapon
- _____ Sale or Transfer of Weapon

- _____ Handgun
- _____ Rifle or shotgun
- _____ BB, air or pellet gun

- _____ Knife, Blade
- _____ Pin
- _____ Chain, Club
- _____ Mace, Spray
- _____ Imitation gun
- _____ Other

Incident Description: (optional) _____

OFFENDER (Check One):

- ☐ Known – Attach Offender Page(s)
- ☐ Unknown – Do not attach Offender Page

Signature 1

Title

Date

Signature 2 (principal)

Date

VV-SA, OFFENDER INFORMATION, 2001-2002

Please complete the following information for EACH offender involved in the incident.

OFFENDER TYPE

- ☐ Regular education student
☐ Student with a disability
☐ Student from another district
☐ Non-student

STUDENT ID NUMBER: _____
 (DISTRICT STUDENTS ONLY)

STUDENT NAME: _____
 (DISTRICT STUDENTS ONLY)

System-Assigned
 Incident Number _____

For district students only, check the items which describe any action taken regarding this offender.

OAL determination: ☐ Yes ☐ No (FOR STUDENTS WITH DISABILITIES ONLY: See the User Manual for a definition of OAL.)

Disciplinary action taken: ☐ None ☐ Expulsion ☐ Removal to alternative education ☐ In-school suspension ☐ Out-of school suspension ☐ Other

Days suspended or removed: _____

If removed to alternative education program: ☐ Homebound instruction ☐ In-district alternative program/school ☐ Other in-district setting
☐ Out-of-district alternative program/school ☐ Other out-of-district setting ☐ County alternative education program

Individualized Education Program Services Received: ☐ Yes ☐ No (FOR STUDENTS WITH DISABILITIES ONLY)

For district students only. Check the categories that describe the offender.

OFFENDER GENDER

- ☐ Male
☐ Female

OFFENDER RACE/ETHNICITY

- ☐ American Indian
☐ Asian or Pacific Islander
☐ Black or African-American
☐ Hispanic or Latino
☐ White (Not Hispanic)

LEP: ☐ Check if "Yes."

Section 504: ☐ Check if "Yes."

SPECIAL EDUCATION ELIGIBILITY CRITERIA

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Hearing impairments | <input type="checkbox"/> Other health impairments | <input type="checkbox"/> Speech language impairments |
| <input type="checkbox"/> Deaf-blindness | <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> Orthopedic Impairments | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Emotional disturbance | <input type="checkbox"/> Mental retardation | <input type="checkbox"/> Specific learning disabilities | <input type="checkbox"/> Visual impairments |

Check the type of incident involving this offender:

- ☐ Violence ☐ Vandalism ☐ Weapon ☐ Substance Abuse

VV-SA, VICTIM INFORMATION, 2001-2002

Please complete the following information for EACH victim involved in the incident.

VICTIM TYPE

- | | |
|--|---|
| <input type="checkbox"/> Regular student | <input type="checkbox"/> School personnel |
| <input type="checkbox"/> Student with disabilities | <input type="checkbox"/> Non-student |
| <input type="checkbox"/> Student from another district | |

STUDENT ID NUMBER: _____
(DISTRICT STUDENTS ONLY)

STUDENT NAME: _____
(DISTRICT STUDENTS ONLY)

System-Assigned Incident Number _____
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10/20/01

For district students only. Check the categories that describe the victim.

VICTIM GENDER

- ☐ Male
☐ Female

VICTIM RACE/ETHNICITY

- ☐ American Indian
☐ Asian or Pacific Islander
☐ Black or African-American
☐ Hispanic or Latino
☐ White (Not Hispanic)

LEP: _____ Check if "Yes."

Section 504: _____ Check if "Yes."

SPECIAL EDUCATION ELIGIBILITY CRITERIA

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Hearing impairments | <input type="checkbox"/> Other health impairments | <input type="checkbox"/> Speech language impairments |
| <input type="checkbox"/> Deaf-blindness | <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> Orthopedic Impairments | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Emotional disturbance | <input type="checkbox"/> Mental retardation | <input type="checkbox"/> Specific learning disabilities | <input type="checkbox"/> Visual impairments |